

MECONIUM ASPIRATOR

1. Level: Paramedic, RN
2. Purpose: To suction thick meconium out of the newborn's airway.
3. Indications:
 - 3.1. Aspiration of meconium into the lungs before or around the time of birth.
 - 3.1.1. Meconium is described as greenish or yellow-tinted color in the amniotic fluid or stained skin.
4. Contraindications:
 - 4.1. None in the presence of meconium
5. Complications:
 - 5.1. Bradycardia
 - 5.2. Trauma to the oropharynx, vocal cords, esophagus, or trachea
 - 5.3. Esophageal intubation
 - 5.4. Hypotension
 - 5.5. Regurgitation of gastric contents
6. Procedure:
 - 6.1. Suction upper airways (nose, mouth, and throat) with bulb syringe.
 - 6.2. Connect the meconium aspirator to the suction device
 - 6.3. Intubate with appropriate size endotracheal tube. Do NOT ventilate.
 - 6.4. Immediately connect the endotracheal tube to the meconium aspirator/suction device.
 - 6.5. While suctioning, withdraw the endotracheal tube. Suction pressure should not exceed 100mmHg and suction duration should not exceed 10 seconds.
 - 6.6. If the endotracheal tube is filled with meconium, re-intubate with a new endotracheal tube and suction again until clear.
 - 6.7. Resume Newborn Protocol
7. Documentation: Document all changes on the electronic Patient Care Report.